

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90070 005 ***558.75

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1. Entity Name

CROWN CI, INC.



Principal Place of Business

~~1133 21ST STREET, N.W., SUITE 300~~
~~WASHINGTON DC 20036~~

Mailing Address

~~1133 21ST STREET, N.W., SUITE 300~~
~~WASHINGTON DC 20036~~

2. Principal Place of Business

501 School Street, SW

3. Mailing Address

501 School Street, SW

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Washington, DC

City & State

Washington, DC

Zip

20024

Country

US

Zip

20024

Country

US

4. FEI Number

52-1541418

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCT** ☐ Delete
NAME **KHAN, AFZAL I**
STREET ADDRESS **14632 CUTSTONE WAY**
CITY-ST-ZIP **SILVER SPRINGS MD 20905**

TITLE **V** ☐ Delete
NAME **BUDIN, DAVID**
STREET ADDRESS **6913 RIDGEWOOD AVENUE**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **S** ☐ Delete
NAME **CARMICHAEL, H. DAVID**
STREET ADDRESS **5621 CAVALIER WOODS AVENUE**
CITY-ST-ZIP **CLIFTON VA 20124**

TITLE **V** ☐ Delete
NAME **KEITH, WILLIAM**
STREET ADDRESS **28719 OUTRAM STREET**
CITY-ST-ZIP **EASTON MD 21601**

TITLE **V** ☐ Delete
NAME **MYERS, CATHERINE**
STREET ADDRESS **8 LEA POND COURT**
CITY-ST-ZIP **MONTGOMERY VILLAGE MD 20886**

TITLE **V** ☐ Delete
NAME **STYC, THOMAS**
STREET ADDRESS **1461 N. HIGHVIEW LANE #105**
CITY-ST-ZIP **ALEXANDRIA VA 22311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **400 Firestone Drive**
STREET ADDRESS **Silver Spring, MD 20905**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carmichael, CFO

July 15, 2003 202-785-2600

Date

Daytime Phone #

CR2E034 (4/03)